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(54) Title: INTERACTIVE NETWORK BASED INSURANCE CLAIM SUBMISSION SYSTEM AND METHOD
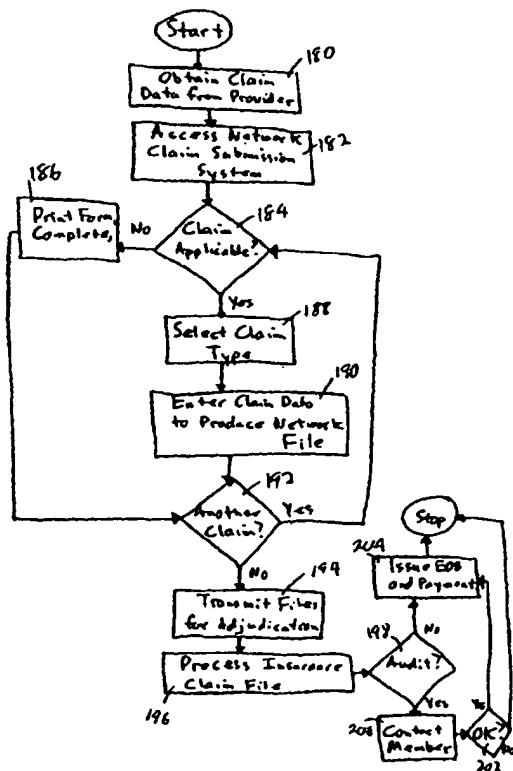
(57) Abstract: One aspect of the present invention provides an interactive digital claim submission system for providing multiple digital claim data files by a digital device to a network. The system comprises: a user interface for producing the data files from a predetermined claim data set, wherein the user interface provided by the digital device is connectable to the network. The system also uses a digital claim form set displayable on the user interface. The form set includes a number of data fields for receiving the data set and a claim type selector for selecting the data files to be completed and eventually submitted by a user. The user uses the user interface and the data set to complete the form set for each one of the selected data files. The data files can be forward by the submission system to an adjudication engine for the adjudication and processing of the various claim types.

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1   **INTERACTIVE NETWORK BASED INSURANCE CLAIM SUBMISSION SYSTEM**

2   **AND METHOD**

3

4   The present invention relates to a network based insurance claim submission method

5   and system for preparing and providing digital claim data files.

6

7   BACKGROUND OF THE INVENTION

8   The preparation and processing of health care data transactions, such as insurance

9   claims contributes to high administrative costs in the health insurance industry. Over the

10 years, there have been many attempts to develop a faster and more cost effective claims

11 preparation and processing system, since a large proportion of these claims have been and

12 continue to be filed using paper claim formats.

13   Current health care and other insurance related practices typically use some form of

14 hard copy information to record the services that are provided to a patient, such as a medical

15 drug prescription, on-site gathered details of property damage, prescription characteristics for

16 eye wear, and various procedures performed for dental work. At the time the work is

17 performed, the patient can provide payment to the provider of the services and then contact

18 their respective insurance company or companies to submit an insurance claim(s). The

19 providers can include pharmacies, hospitals, dentists, optometrists, and property repair

20 services.

21   One manual way of submitting insurance claim(s) is through regular mail services. In

22 this case, the patient or member of the insurance company enters by hand printing or hand

23 typing various personal data, and data contained on materials obtained from the provider,

24 onto a paper based insurance form supplied by the insurance company. This claim

25 information can include the patient's name, date of birth, data relating to the insurance

26 company such as policy and group number, and details relating to the insured products and

27 services obtained by the member. This information, as well as any other pertinent

28 information, is used by the insurance company to help properly adjudicate the insurance

29 claim. After the member completes the appropriate form or forms, they are mailed either to

30 the insurance company, another carrier, or to a third party administrator to be processed.

31 However, this manual system contains a number of disadvantages.

32   One disadvantage is that upon receipt, a claims officer opens the mail envelope and

33 manually re-keys the information on the enclosed paper based forms into their own

1   computers. Additional manual labor may be needed to keep track of the total amount of

2   claims submitted by each patient during a specified period and to keep track of other matters,

3   such as for statistical purposes, thereby requiring an inefficient use of skilled labor to

4   manually interpret and input or re-key data contained on the received paper claim forms. A

5   further disadvantage is that paper forms usually contain errors that are often made when the

6   forms are initially completed by the member. It can be easy to omit necessary information or

7   to make mistakes when putting information onto the forms, or otherwise to have poor

8   handwriting skills. Accordingly, if data is missing or is not correctly entered in the paper

9   claim form, then the incomplete form must be returned by the claims officer to the member,

10   which causes additional work and delays in the processing of the insurance claim. This

11   increases the amount of resources used by the processor of the submitted claim form, as well

12   as delay of payment to the member for the applicable insured services being sought. One

13   further disadvantage is that the member may require assistance in filling out various data

14   fields on the paper claim form. Therefore, the member may contact the insurance companies

15   for further clarification when completing the form, thereby further adding to the cost of claim

16   submission and processing. One additional disadvantage is the member usually has specific

17   questions during the claim form preparation, on the type and extent of coverage provided by

18   their insurance plan. Accordingly, the member typically obtains this feedback by contacting

19   the insurance company directly, thereby using further company resources.

20   Another well known system for claim submission to the insurance company or other

21   administrators is through the use of an Electronic Data Interchange (referred to herein as

22   EDI) to process transactions and insurance claims originating from the service providers,

23   such as pharmacies and dental offices. EDI submission systems provide for electronic filing

24   of claim forms from the provider of a particular service to the administrator who adjudicates

25   the claim. The main advantage of this system is the elimination or reduction of the manual

26   re-entry of insurance information by the claims officer into their computer systems, since an

27   electronic copy of the claim is received. The other advantage is the timely response of the

28   claim. The provider typically uses an approved software program to input the member data at

29   the time the insured services are performed and then electronically submits that claim data in

30   the form of an electronic insurance claim to the adjudication. However, this electronic claim

31   submission system also has a number of disadvantages.

32   The first disadvantage is that the claim submission is done on a claim by claim basis.

33   Therefore in the case of multiple claims that are related in some way to one accident or a

1 series of accidents or procedures, which involve use of multiple services such as dental, drug,

2 vision, and/or property losses, individual claims for each claim type must be submitted

3 separately by each of the corresponding providers. This disjointed submission process adds

4 to the amount of insurance company resources required to process the various claims. It

5 should be noted that in the case of vision and property losses et al., EDI systems are currently

6 not available. Thereby requiring both electronic and manual filing of claim forms for

7 different insured services related to a particular insured incident. This can also cause

8 inefficiencies in claim reception, processing, and adjudication since multiple parallel

9 processing systems must be employed for each claim.

10 A further disadvantage is that the majority of providers must be able to interface with

11 the majority of insurance company computer systems, which can have a variety of different

12 operating systems and data formats. One solution is that the service provider can send an

13 electronic claim to a third party vendor, who then performs a service such as screening of the

14 form and then transmission to a particular members insurance company. However, there still

15 remains the problem of individual submission of multiple independent claims for various

16 service types, and the complication of coordinating allowable member benefits (COB) over

17 the various different claim types and insurance companies.

18 Furthermore, the vendor method of handling EDI claims can require separate

19 organization of administrative material and multiple member mailings to the insured party for

20 each individual adjudicated claim, thereby using additional company resources. In addition,

21 screening of the forms by the vendor can still result in the omission of necessary data for

22 adjudication, based on the complexity of the member situation. Furthermore, neither the EDI

23 or vendor electronic claim submission systems provide feedback to the member as to the type

24 and amount of coverage in regard to the claim data provided in the electronic claim

25 submission. Therefore, once the member receives confirmation or settlement of their

26 insurance claim, the member typically contacts the insurance company directly for

27 clarification since the member does not have direct knowledge of the particular claim data

28 used in the electronic claim submission. This lack of context by the member also contributes

29 to a further drain on insurance company resources.

30 It is an object of the present invention to provide an interactive claim submission

31 system to obviate or mitigate some of presented disadvantages.

32

33 SUMMARY OF THE INVENTION

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1   One aspect of the present invention provides an interactive digital claim submission

2   system for providing multiple digital claim data files by a digital device to a network. The

3   system comprises: a user interface for producing the data files from a predetermined claim

4   data set, wherein the user interface provided by the digital device is connectable to the

5   network. The system also uses a digital claim form set displayable on the user interface. The

6   form set includes a number of data fields for receiving the data set and a claim type selector

7   for selecting the data files to be completed and eventually submitted by a user. The user uses

8   the user interface and the data set to complete the form set for each one of the selected data

9   files.

10   The data files can be forward by the submission system to an adjudication engine for

11   the

12   adjudication and processing of the various claim types.

13

14   BRIEF DESCRIPTION OF THE DRAWINGS

15   These and other features of the preferred embodiments of the invention will become

16   more apparent in the following detailed description in which reference is made to the

17   appended drawings wherein:

18   **Figure 1** is a schematic of a network based claim submission system;

19   **Figure 2** is a schematic of an electronic device of Figure 1;

20   **Figure 3** is a welcome screen displayable on the device of Figure 2;

21   **Figure 4** illustrates a screen to select network submission of an insurance claim;

22   **Figure 5** is a legal claims notice of screen of the system of Figure 1;

23   **Figure 6** shows a selection screen for different claim types of the system of Figure 1;

24   **Figure 7a** illustrates an informational screen for dental form submission for the

25   system of Figure 1;

26   **Figure 7b** illustrates an informational screen for health form submission for the

27   system of Figure 1;

28   **Figure 7c** illustrates an informational screen for drug form submission for the system

29   of Figure 1;

30   **Figure 7d** illustrates an informational screen for health care spending information for

31   the system of Figure 1;

32   **Figure 8** shows example DIN identifiers;

33   **Figure 9** is an example paper claim form for the system of Figure 1;

1   **Figure 10** is a welcome screen for a dental submission example using the system of

2   Figure 1;

3   **Figure 11** illustrates a first screen containing data fields for the dental example of

4   Figure 10;

5   **Figure 12** contains a second screen containing data fields for the dental example of

6   Figure 10;

7   **Figure 13a** contains a third screen containing data fields for the dental example of

8   Figure 10;

9   **Figure 13b** illustrates a help tool for the data fields of Figure 13a;

10   **Figure 13c** shows corresponding error messages of the dental example of Figure 10;

11   **Figure 14** is an additional screen containing data fields for the dental example of

12   Figure 10;

13   **Figure 15a** shows co-ordination of benefits data fields for the system of Figure 1;

14   **Figure 15b** illustrates a help box for the screen of Figure 15a;

15   **Figure 15c** presents an information message to the screen of Figure 15a;

16   **Figure 16** presents a summary screen for the dental example of Figure 10;

17   **Figure 17** illustrates a submission screen for accrued electronic claim files;

18   **Figure 18** shows a welcome screen for a drug example;

19   **Figure 19** shows a first screen containing data fields for the drug example of Figure

20   18;

21   **Figure 20** illustrates a second screen containing additional data fields for the drug

22   example of Figure 18;

23   **Figure 21a** shows further data fields for the drug example of figure 18;

24   **Figure 21b** shows confirmation data for the screen of Figure 21a;

25   **Figure 21c** shows further help screens for the screen of Figure 21a;

26   **Figure 22** illustrates additional data fields for the drug example of Figure 18;

27   **Figure 23** shows further data fields for the drug example of Figure 18;

28   **Figure 24** presents a summary screen for the drug example of Figure 18;

29   **Figure 25** illustrates a submission screen for the drug example of Figure 18;

30   **Figure 26** is an operational flow chart for the claim submission system of Figure 1;

31   and

32   **Figure 27** is an operational flow chart for data entry of the system of Figure 1.

33

1

2   DESCRIPTION OF THE PREFERRED EMBODIMENTS

3   Referring to Figure 1, a network 10 is presented for electronically assembling, filing,

4   processing, and adjudication of insurance claims. Pre-determined claim data 12, typically in

5   analogue paper format, can be entered in to digital systems, such as EDI provider systems 14,

6   transaction clearing houses 16, and member accessible digital devices 18. The electronic or

7   digitally based claim file 19, 19a is then sent via networks, such as the internet 20 to the

8   adjudication centre 26. The entities 16 and 14 use the private VANS 22 or public WANS 24

9   send this electronic file 13 to the adjudication centre 26. Furthermore, the manual data 12

10 can be sent directly by a member 8 via telephone 28 data entry or by mail 30 to the

11 adjudication centre 26, if desired. The adjudication centre 26 interacts with the clients or

12 insurance companies 32 in response to the submitted file 19, 19a, to result in the generation

13 of payment and an explanation of benefits (EOB) 34 which is then sent either to the banking

14 services of the providers 14 or the member 8. A claim can be defined for dental as including

15 one provider 14, for one member 8 with up to 7 services or procedure codes. For drug, one

16 claim can be defined as one currency for one member 8 with up to 7 services or DINs, and for

17 HCSA the one claim can be defined as for one family of the member 8 with up to 7 services

18 included.

19   In one embodiment of the present invention, preferably the customer or the member 8

20 can use the various electronic or digital devices 18, such as but not limited to cell phones,

21 mobile computers, homes computers, pagers, and PDAs, to enter in and transmit the

22 insurance data 12 over the network 20 to the adjudication centre 26 in an interactive fashion.

23 It is recognized that the adjudication centre 26 can either be provided by a third party or

24 directly by the insurance companies 32. In either case, the claim forms 48 can be presented

25 to the member 8 as consistent with the look and feel of the customer access site of the

26 insurance company 32. Referring to Figure 2, the generic device 18 can include an input

27 device 38, such as a keyboard, microphone, and mouse, by which member insurance data 12

28 is entered into a memory unit 40. A processor 42 can co-ordinate through applicable

29 software the entry of the data 12 into the memory 40 and then display the results on a screen

30 or user interface 44. A storage medium 46 can also be connected to the device 18, wherein

31 software instructions and/or personal data to assist in the entry of the insurance data 12 into a

32 user interactive electronic or digitally based claim form 48, or series of forms, which is

33 displayed on the screen 44. The form 48 can be presented in a member 8 selected language,

1   such as English or French. Once completed, the claim data contained in the form set 48 can

2   then be transmitted as the file 19, 19a to the network 20 and thereby to the adjudication centre

3   26. The adjudication centre 26 typically confirms receipt of the data file 19, 19a and can

4   transmit an acknowledgment back to the device 18, preferably in substantially real time

5   operation. The acknowledgment can take a number of forms, such as a simple

6   acknowledgment of receipt or in more advanced systems as partial or complete adjudication

7   results in response to the submitted claim insurance data 19, 19a. Transmission of the data 19

8   can be done by systems such as but not limited to wireless, modem, optic, and other available

9   land-line transmission media, using applicable transmission methods and protocols.

10   Access of the insurance forms 48 by the member 8 can be done through a web

11   browser to connect to a respective web site or web portal contained on a network server,

12   hosted by the adjudication centre 26 or the insurance companies 32. Data streams between

13   the device 18 and the network 20 can be done using one or more known protocols such as but

14   not limited to TCP/TCPIP standard protocols. Accordingly, the member 8 can launch the

15   web browser to cause an HTML/DHTML/XML/JAVA window to appear on the screen 44

16   and thereby download or otherwise interact with the displayed forms 48 on the device 18.

17   Referring to Figure 3, the member 8 can first access an insurance company 32 or

18   administrator 26 home page, preferably at the convenience of the member 8, which asks for a

19   particular ID 50 and Password 52 unique to the member 8. Figure 4 shows a further web page

20   once the member 8 has logged on, which provides information on whether the member 8

21   wishes to print a claim form by activating field 54 and then mail it to the insurance company,

22   or to select the choice for digital submission by link 56. Further information may be

23   required, such as whether there are additional attachments to include 58 or whether the

24   expenses total more than a pre-determined maximum by selection 60. Furthermore, a drop

25   down box 62 provides selections for which country or jurisdiction the services were provided.

26   These interactive features help to produce a preferably complete data file 19, 19a.

27   Furthermore, any data for fraud prevention and audit purposes that is not submitted by the

28   member 8 can be added to the file 19, 19a by the centre 26. Furthermore, for auditing

29   purposes the adjudication centre 26 and/or insurance company 32 can contact the provider 14

30   to verify the services provided and detailed in the submitted forms 19, 19a.

31   In addition, the system 10 can also have the ability to restrict access to members 8 that

32   are suspected of committing fraud and abuse. Other auditing options include password

33   updates by the member 8 when ever there is a change of spouse, or directions given to the

1 member 8 by the forms 48 confirming present member address to inhibit the redirection of

2 payment of benefits to persons other than the member 8. The protocol for a post processing

3 review audit of the submitted claim 19, 19a can include review of the member's claim

4 history, verification of submitted information with provider 14 by either phone or provider

5 statement, and contacting the member 8 to request original receipts and paper submission as

6 indicated. Certain criteria that can be used to flag submitted claims 19, 19a where auditing is

7 required can include dollar value, abuseable codes, code and age discrepancies, and

8 frequency of submissions and repeated submissions using the same claim data 12 for multiple

9 data files 19, 19a. In addition, a relatively complete list of all providers 14 can be used to

10 verify the credentials, designations, and accretions of the providers 14. These provider data

11 bases can include unique identification numbers, facility names, address, phone numbers, that

12 are updated and consistent. One additional warning process feature, is that when a provider

13 14 is profiled and the member 8 selects the Select All button 152, the member 8 is taken to a

14 screen to answer questions for a pre-post payment audit. The questions for the audit can be

15 linked to the services listed on the data field corresponding to the claim data filed 19, 19a. In

16 this situation, in the claim files 19, 19a can be held until the member's 8 response to the

17 additional screen is reviewed.

18   Referring to Figure 5, when the member 8 selects for digital submission 56, a legal

19 claim notice 64 can be presented on the screen 44 to inform the member 8 of the

20 consequences for intentional falsification of insurance claim information, and to retain all

21 receipts as proof of the electronic claim for a specified period of time. The retaining of

22 receipts can assist in auditing of electronic claim submissions based on a random or pre-

23 determined selection format. It should be noted that the legal notice 64 can also be included

24 on the final screen of the submission process, before the claims data contained in the

25 electronic forms 48 are transmitted over the network 20 as the file 19, 19a.

26   Referring to Figure 6, a selection of different types of insurance claims, such as but

27 not limited to dental 66, health 68, hearing 70, vision 72, property loss 74, and drug 75 may

28 be selected by the member 8. Further information can be provided on the claim type

29 selection page 81 by indicating whether the listed coverage is either active by statement 76 or

30 inactive by statement 78. In the case of inactive or cancelled coverage, expenses could still

31 be submitted within a grace period 80 or the page 81 could instruct the member 8 in an

32 interactive fashion to contact the insurance company to re-activate the coverage by link 82. It

33 should be noted that various insurance plans 84a and 84b can be displayed to the member 8,

1   as well as a policy plan and member ID information 86, where the member 8 can be given

2   directions as to how to change their current coverage. It should be noted that the information

3   86 can include other data specific to the customer account identified by the ID 50 and

4   password 52, such as but not limited to the member's 8 address and other personal data

5   including job, dependents, group member, and phone number. The member specific data 86

6   can be used to automatically populate appropriate data fields in subsequent insurance claim

7   forms 48. In the case of member 8 entered data that can be subsequently considered as

8   generic, this supplemental generic data could be periodically updated by the system 10 to the

9   information 86 during the data entry process. The member 8 can also select the patient to be

10   claimed, such as a spouse or dependent.

11   Once the member 8 has interactively selected a particular claim type represented by

12   links 66, 68, 70, 72, 74, and 75 under a particular insurance plan 84a, 84b, an informational

13   screen 88a,b,c,d as shown in Figures 7a to 7d is presented to the member 8. The

14   informational screens 88a,b,c,d correspond to the selection of a dental form, a health form, a

15   drug form, or a spending account form respectively. It is noted that other forms relating to

16   hearing, vision, and property loss can also be displayed. The information screen 88 lists the

17   type of data 12 that the member 8 must have in order to properly fill out the series of claim

18   forms 48. In particular, the information screen 88 has a series of interactive links 90

19   associated with the data that is required to fill out the corresponding data fields, should the

20   member 8 have inquiries on the required information. Furthermore, during the data entry

21   process, the member 8 can be informed of further required information.

22   Referring to Figure 7c, a drug identification number (DIN) is identified by the claim

23   drug form 88c. Upon activating the link 90 for the DIN, Figure 8 shows a DIN help file 92

24   that is presented to the member 8 on the screen 44 in order to help identify the proper

25   information required, if it is absent or otherwise unreadable on the paper form 12. The

26   information contained in the help file 92 could be searchable via the DIN number or other

27   fields included using a traditional search engine.

28   Referring to Figure 7a, a selection 94 can be used to interactively select either a claim

29   for expenses or an estimate for services not yet performed. The member 8 may use the

30   estimate feature to answer questions regarding plan features and coverage amounts. This

31   estimation procedure can be used by the member 8 or provider 14 to determine before work is

32   done as to what coverage can be expected based on the member's 8 particular circumstance.

33   Other information, such as on Figure 7c asks whether expenses are over a pre-determined

1   maximum amount 60 by selection 96 or whether co-ordination of benefits (COB) in regard to

2   another insurance company is applicable for the present electronic insurance claim being

3   submitted by selection 98. The system 10 can help determine and co-ordinate data entry and

4   processing pertaining to first and second payer information.

5

6

7

8   DENTAL EXAMPLE

9   Figure 9 shows a sample paper dental form 12a which contains: dental claim

10   information 100, such as a unique number and the patient's office account number; provider

11   service information 102, such as date of service, procedure code, tooth code, tooth surfaces,

12   dentist fee, laboratory charge, and total charge; and member information 104, such as the

13   group policy and division number, as well as the members name and any spousal insurance

14   plans. Accordingly, when the member 8 wishes to submit a dental claim 19, 19a under a

15   particular insurance plan 84, the member can select link 66 after logging into the insurance

16   claim system 10, as explained above in relation to the above mentioned Figures 3 to 6.

17   Therefore, the next screen 44 shown after selection of link 66 is the dental form screen 88a

18   providing the member 8 with the information that will be required during the completion of

19   the claim forms 48 related to dental work. This information is typically contained in paper

20   data form 12a, which is provided to the member 8 by the provider(s) 14.

21   Selection of the options 94 for submission of a claim for expenses or to provide an

22   estimate for services not yet performed, and then selection of the next button 106 (see Figure

23   7a), results in the display of a preliminary information welcome screen 108 (see Figure 10)

24   informing the member 8 of the general procedures to be followed during completion of the

25   claim forms 48. Referring to Figure 11, Section 1 labeled by numeral 110 of the submission

26   forms 48 contains the pre-populated insurance data 86 related to the specific ID 50 and

27   Password 52. Furthermore, pre-supplied address information 112 of the member 8 can be

28   pre-populated into the corresponding address fields, which are related to the ID 50 and

29   Password 52 of the member 8. Member 8 is also given an opportunity to update this

30   information, as required.

31   Referring to Figure 12, Section 2 indicated by numeral 114 provides information

32   about the dental provider 14. A drop box 116 can be used by the member 8 to access a

33   plurality of pre-stored dentists names, addresses, and corresponding unique numbers 118,

1   which can be used to pre-populate the dentist information fields 120 of the forms 48. The

2   member 8 can also manually enter in such data if not contained in the box 116 list.

3   Furthermore, data can be provided by the member 8, as to whether the provider 14 should be

4   paid directly instead of the member 8 by using selections 121 and 122.

5   Referring to Figure 13a, Section 3 provides data fields 124 which correspond to the

6   provider 14 service information 102 contained in form 12a (see Figure 9). Also present on

7   the Section 3 form are various help icons 126 which can be used for interactively accessing a

8   pop-up help screen 128 (see Figure 13b) to provide help in filing out those particular

9   corresponding data fields during the completion of the claim forms 48. It should be noted

10   that the pre-determined maximum limit 60, in this case $1,000.00, can be used to help limit

11   the liability of the claim form submission process, to be assumed by the insurance company

12   upon pay out of the submitted claim file 19, 19a. This maximum limit 60 can be set

13   according to a general rule or tailored to the specific needs or situations of selected members

14   8. Any attempt by the member 8 to submit a claim over the limit 60 can result in termination

15   of the digital submission process and the member 8 will be directed to submit a paper claim

16   30. Also contained on the Section 3 form are fields 128 and 130, which correspond to

17   whether the present insurance claim may be coverable under multiple insurance company

18   plans. Figure 13c displays error codes 125 that are presented to the member 8 as the system

19   10 interactively checks the data 12 entered in to the forms 48. The member 8 is then given

20   the opportunity to correct the error(s), thereby accomplishing a level one edit to help ensure

21   that the completed forms 48 are free of obvious errors and contain all required data for the

22   adjudication process. The error checking can help to reduce the frequency of mail back

23   forms to the member 8 by the adjudicator 26. Figure 14 also contains further information to

24   be provided in the claim submission forms 48, concerning dental work particulars and

25   whether it is a repeat procedure.

26   Figures 15a and 15b can be used to provide claim data to facilitate the co-ordination

27   of benefits between spousal or other related insurance plans. Links 90 can be used to assist

28   the member 8 in determining whether the various data fields 134 are applicable to a particular

29   situation, as explained by the pop-up window 128 shown in Figure 15b. In particular, travel

30   insurance plans and student insurance plans are listed since they are typically the first payer

31   in regard to insurance claims. Upon selection of choice 91, the member can be notified by a

32   message 127 (see Figure 15c) indicating that by selecting 91 the present insurance claim may

33   not be applicable. The information contained in data fields 134 can facilitate in using

1   insurance plan sharing to provide for the digital submission and eventual adjudication of

2   overlapping insurance coverages.

3   Figure 16 shows a summary page 136 asking the member 8 to check whether the

4   information that has been entered is correct and to make any further changes that are

5   necessary, by selecting the change button 140. Selection of this button 140 will direct the

6   member 8 to the appropriate data field in order to allow modification thereof. The member 8

7   is also presented with a print page option 142 in order to keep a copy of the completed claim

8   forms 48 for the member's 8 records. Once the member 8 is satisfied that the information

9   entered is correct, selection of the submission button 144 produces the claim file 19, 19a for

10   transmission to the adjudication centre 26 via the network 20.

11   A further confirmation page 146 confirms that the data file 19, 19a has been created

12   for the completed dental insurance claim and then gives the member 8 an interactive option to

13   enter in data for another dental claim using selection 148. In the case of selecting another

14   dental claim by the selection 148, the member 8 can bypass certain forms 48 that contain only

15   generic information which will be automatically pre-populated into their corresponding data

16   fields for the new claim submission, which is known as the "maintain state" for the form 48

17   completion process. Accordingly, Section 1, identified by 110, and Section 2, identified by

18   114, may be skipped by the member 8 since these sections will be pre-populated by the

19   generic information already entered through the completion of the first dental claim, as

20   described in the above dental example, so that the member 8 is then immediately brought by

21   selection 148 to the Section 3 screen 44 containing the dental work information data fields

22   124. Therefore, the process of submitting multiple insurance claims of the same type can be

23   streamlined through using generic or maintain state data to pre-populate respective data fields

24   in the subsequent claim forms 48 corresponding to the additional insurance claim file 19, 19a.

25   If the member 8 uses the insurance form 146 to select link 150 to submit a different

26   kind of claim type, the member 8 is subsequently shown the various claim type selections 66,

27   68, 70, 72, 74, and 75 as given in the page 81 of Figure 6. The member 8 then selects and

28   follows the instructions for completing the second different claim, as detailed below with

29   reference to a drug claim by way of example only, and then is led again to the confirmation

30   page 146 indicating whether the further insurance claim file 19, 19a is to be submitted. Once

31   the member 8 has finished entering all applicable data for various insurance claims and the

32   corresponding data files 19, 19a for each respective claim have been created, the member 8

33   can select the Submit All button 152, thereby transmitting as a package all of the individual

12

1   insurance claims 19, 19a over the network 20 to the adjudication centre 26. It should be

2   noted that applicable generic data 86 from the first claim file 19, 19a could also be used to

3   pre-populate related data fields during completion of the record or subsequent data files.

4

5   DRUG CLAIM EXAMPLE

6   Upon selection of link 150 after completion of the above detailed dental claim and

7   preferably before the selection of the submittal button 152, the member 8 has the opportunity

8   to be directed to a list of various claim types indicated on the claim type selection screen 81

9   of Figure 6. As an example, the member 8 has selected link 75 indicating the desire to

10 prepare the drug claim submission file 19a, in addition to the previously prepared dental

11 forms 19,. After selection of the link 75, the member 8 is brought to form 88c detailing

12 particular data required in the paper form 12 that will be needed to complete the drug claim

13 file 19a. Once form 88c is reviewed, the member 8 is brought to the welcome screen 108a,

14 shown in Figure 18, which is similar to the screen 108 of Figure 10. The next form shown to

15 the member 8 is drug Section 1 identified by 110a in Figure 19. It should be noted that

16 generic data 86, the phone number, and address information 112 is identical to that contained

17 in the dental information in form 110 shown in Figure 11, since the generic information has

18 been kept in the maintain state and thereby pre-populated into the corresponding data fields

19 of the second claim file 19a corresponding to the drug claim selection 75. This pre-

20 population procedure helps to streamline the digital claim submission process using the

21 system 10.

22   Referring to Figure 20, drug Section 2 contains more information that is required to

23 be filed out from the data 12 and provides the member 8 with interactive tips 156 on

24 maximum amounts 60, use of links 90, and identification marks 158 to denote additional

25 information screens 128 and required fields respectively. In particular, selection of the "Yes"

26 option of choice 159 can result in the adaptive inclusion of indication 161 (see Figure 21a)

27 corresponding to a required DIN. Data field 160 of Figure 21a requires the entry of the DIN

28 number recorded on the drug data form 12. The DIN number is a unique identifier for each

29 drug, drug form, and application size, as shown in list 92 in Figure 8. Accordingly, entry of

30 the DIN number in field 160 can automatically pre-populate related fields 162, 164, and 166

31 in Figure 21b. Furthermore, Figure 21b also shows the result of selection of help button 168

32 by the member 8, which provides the pop-up help screen 128 which gives a definition of the

33 prescription of the RX number. Additionally, once the DIN number is entered in field 160,

13

1   the corresponding full name 169 of the drug appears on the screen 44, to act as an interactive

2   check for the member 8 to confirm whether the DIN number entered in field 160 is correct.

3   Furthermore, link 170 gives the member 8 the option of submitting a paper health claim form

4   30 if the drug information shown by field 168 does not correspond with the DIN number

5   entered in field 160, upon inspection of the corresponding information contained in the paper

6   form 12. Figure 21c provides another example of the pop-up help text 128. The automatic or

7   interactive features of the forms 48 help to dynamically update the data 12 required, based on

8   the member's 8 claim situation.

9   Figures 22 and 23 contain further information to be entered in the claim forms 48

10   from the data 12. In particular, the pharmacy that dispensed the drug is entered in field 172,

11   which could be provided as a drop down box, which upon selection of an appropriate

12   pharmacy could pre-populate the corresponding address and phone number fields 174 of the

13   pharmacy. Due to the detailed nature of the information required for a particular drug, the

14   member 8 could be supplied with a further interactive option 176 to add another series of

15   drug claim forms 48 to be included in the same drug claim file 19a, thereby providing

16   multiple claim files 19, 19a from a single member 8 claim submission session using the form

17   48.

18   Referring to Figure 24 a confirmation page is presented, similar to that for the above

19   discussed dental claim to confirm the claim information 136 (see Figure 16). The member 8

20   is again asked whether changes are required which can be accomplished through selection of

21   change button 140 and a copy of the drug claim can be printed for the member's 8 files by

22   selection of the print page button 142. Clicking of the Submit All button 144 will result in

23   creating the drug claim file 19a containing one or more drugs as filled in by the member 8.

24   Accordingly, once the drug claim file 19a is created, the member 8 is presented with

25   the confirmation screen 146a that the file 19a has been created and is given the choice to

26   select another drug claim using link 149, or submit another kind of claim using link 150. If

27   the member 8 is finished with all claims to be submitted, then selection of the Submit All

28   button 152 will result in the transmission of all claim data files 19, 19a created over the

29   network 20 to the adjudication centre 26.

30   Simultaneous submission of and/or processing of files 19, 19a containing multiple

31   insurance claims, either containing the same or different claim types, can help streamline the

32   adjudication process, as well as the insurance companies back end systems of issuing EOBs

33   and payment concerning the multiple claims. In particular, a single or reduced number of

1   EOBs and payment portions could be the result of the integrated adjudication process based

2   on the multiply received claim data contained in the files 19, 19a, as compared to traditional

3   separate EOBs and payments for each individual insurance claim submitted. The present

4   system 10 helps to co-ordinate the receiving and processing of related claim files 19, 19a

5   through interactive selection of various claim types and related claim submission forms 48,

6   which by way of example only are directed to the member 8 through claim forms 81 and 146

7   for providing an opportunity to submit multiple insurance claims.

8   Generally, the above described claim form submission system 10 provides the

9   member 8 with the ability to interactively create electronic and/or digital data files 19, 19a,

10   using information contained in the data 12 provided by the provider 14 to the member 8. The

11   system 10 allows the member 8 to create multiple claim data files 19, 19a for different claim

12   types, such as but not limited to HCSA, dental 66, health 68, hearing 70, vision 72, property

13   loss 74, and drug 75. Preferably the forms 48 for the different claim types contain

14   substantially the same data fields and information, except for fields and information specific

15   to the selected claim type. The claim type selection and data entry process is repeated for the

16   various claim types by the member 8 to create various corresponding data files 19, 19a, prior

17   to submission of all the claim data contained therein to the adjudication centre 26. Generic or

18   member specific data 86 can be used in the "maintain state" for pre-population of generic or

19   reused data fields, thereby streamlining the data entry process. This can include same claim

20   form 48, same member 8, same or different provider 14, and/or different patient. During

21   completion of the claim forms 48, the member 8 can access various help features to assist in

22   the completion of the forms 48, and automatic error checking is employed by the system 10

23   to perform a first level edit to produce cohesive digital data files 19, 19a wherein the

24   contained claim data co-relates to one another and is preferably free of typographical errors.

25   This automatic error checking process helps to eliminate the sending back of an incomplete

26   claim form 30 to the member 8 by the adjudication centre 26. Additionally, the system 10

27   can interactively update the context of forms 48, based on data 12 entered by the member 8.

28   Furthermore, the system 10 also provides feedback to the member 8 during the completion of

29   the forms 48, on questions such as but not limited to types of insurance plans, coverage

30   amounts, and whether the forms 48 are complete. Submission of various different claim files

31   19, 19a as one combined data file to the adjudication centre 26 facilitates the generation of a

32   single EOB and can streamline the payment process upon approval of the submitted

33   insurance claims. The EOB and/or payment can be relayed to the member 8 in substantially

1   real time or by a partial judgement or an acknowledgement of receipt can be given pending

2   further processing. The system 10 also has the ability to monitor the claim submission

3   process, so as to hinder the submission of the same file 19, 19a more than once, to limit

4   duplication of claim submission. This duplication monitoring can be done at the time of data

5   entry during the user session of the member 8 with the forms 48, or in receipt of the

6   submitted files 19, 19a by the adjudication centre 26 as a feedback process to inform the

7   member 8 that the particular claim desired has already been submitted.

8   In operation of the system 10, referring to Figure 26, the member 8 first obtains the

9   claim data 12 from the various applicable providers 14 at step 180. The member 8 then

10   accesses the network claim submission system 10 using the device 18 and proceeds to follow

11   the instructions at step 182, as displayed on the screen 44. Standard and/or current "time out"

12   protocols on member access to the form 48 are used to manage network access. The member

13   8 determines through the claim forms 48 whether the current claim situation is applicable at

14   step 184. If the claim situation is not applicable, then the member 8 prints the available

15   forms 48 and completes them manually at step 186. If the desired claim is applicable, then

16   the member selects the claim type from form 81 at step 188 and then proceeds to enter the

17   claim data 12 to produce the network file 19, 19a at step 190. Once the insurance claim is

18   completed, the member 8 has the choice to submit another claim through form 146 at step

19   192. If applicable, then the member 8 repeats steps 184, 186, 188, 190, and 192 until all

20   applicable claim types or claims of the same type are completed in either the paper or digital

21   form. The member then transmits the files 19, 19a, and 30 if applicable, to the adjudication

22   centre 26 at step 194. The adjudication centre then either processes the corresponding

23   insurance claims or sends them on to the respective insurance company 32 for processing at

24   step 196. A decision to audit the submitted insurance claims can be done at step 198, either

25   before the issuance of the EOB and payment as shown, or afterwards if desired. In the case

26   where the audit is conducted, the member 8 is contacted at step 200 and the decision is made

27   whether the claim data contained in the files 19, 19a is correct at step 202, either resulting in

28   an issue of the EOB payment at step 204 or termination of the insurance claim adjudication

29   process. If an audit is not decided upon, then the EOB and payment are issued at step 204

30   either by the adjudication centre 26 or the respective insurance companies 32 and the

31   adjudication process is completed.

32   Referring to Figure 27, the data entry step 190 of Figure 26 is explained in greater

33   detail. In particular, the member 8 after completing step 184 proceeds to enter the claim data

1   at step 206. During the completion of the forms 48, the member 8 may have an inquiry at

2   step 208 as to what a specific term means or clarification on either their insurance plan or the

3   data to be entered, for example. Accordingly, upon selection of the help links 90 and help

4   icons 126, the member 8 can be presented with a corresponding help screen 128 at step 210.

5   The member then continues on to enter the claim data at step 206. If a data entry error is

6   encountered by the system 10 at step 212, the required correction information to the

7   displayed member 8 at step 214 (see Figure 13c) and then the member 8 proceeds to enter the

8   correct claim data at step 206. If no data error is present, then the claim data entry continues.

9   If some of the data entered effects the information to be displayed by the forms 48 to the

10   member 8, such as described with reference to the drug example with indicator 158 and error

11   check message 168, as detected at step 216, the content of the forms 48 is updated at step 218

12   and then the member 8 can continue on with data entry at step 206. At certain stages during

13   the data entry process, the member 8 may have additional improper data, which negates the

14   ability to continue on in the digital claim submission process, which is decided at step 220.

15   Accordingly, the member 8 is presented with a message to either print the required forms and

16   complete manually and/or to terminate the claims submission process in absence of the

17   required data at step 222. It should be noted that the member 8 is given the ability at multiple

18   times during the data entry process to exit the forms 48 without submitting a digital claim 19,

19   19a. Once the data entry is complete, as decided at step 224 with reference to the summary

20   page 136 (see Figure 16), the member 8 may make changes by selecting button 140, print a

21   copy of the completed forms 48 by selection of button 142, or select the submission button

22   144 to either proceed to enter further data at step 206 or proceed to step 192.

23   It is recognized that the data 12 can also be provided to the member 8 in an

24   intermediate electronic or digital form, which is then used to complete the claim submission

25   forms 48. This intermediate data can include X-rays and other picture data, which can be

26   attached to the claim data files 19, 19a for transmission to the centre 26. Furthermore, it is

27   also recognized that as each claim file 19, 19a is completed by the member 8, the individual

28   data files 19, 19a can be sent separately to the adjudication centre 26. Upon completion and

29   sending of all individual claim files 19, 19a to the centre 26, the member 8 could use the

30   Submit All button 152 to signal completion of the form submission process. The centre 26

31   could then assemble all claim files 19, 19a for adjudication and submit a single or reduced

32   number of corresponding EOB and payments accordingly. It is also recognized that the

33   provider 14 or other third parties could use the system 10 and form 48 to submit multiple

1   claims 19, 19a. Furthermore, it is recognized that on-line help or tutorials with sample

2   pharmacy receipts and legend, as well as sample claim forms 48 for each benefit stream can

3   be provided to the member 8 so as to assist in the completion of the required data entry fields

4   to produce the file 19, 19a.

5   Although the invention has been described with reference o certain specific

6   embodiments, various modifications thereof will be apparent to those skilled in the art

7   without departing from the spirit and scope of the invention as outlined in the claims

8   appended hereto.

1 THE EMBODIMENTS OF THE INVENTION IN WHICH AN EXCLUSIVE
2 PROPERTY OR PRIVILEGE IS CLAIMED ARE DEFINED AS FOLLOWS:
3
4 1.   An interactive digital claim submission system for providing multiple digital claim
5   data files by a digital device to a network, the system comprising:
6   a)   a user interface for generating the data files from a predetermined claim data
7   set, the user interface provided by the digital device connectable to said
8   network;
9   b)   a digital claim form set displayable on said user interface, the form set
10   including a number of data fields for receiving the data set; and
11   c)   a claim type selector to select the data files for submission to said network;
12   wherein said user interface monitors the entry of said data set to complete said form
13   set for each one of the selected data files.
14
15 2.   The submission system according to claim 1, wherein said claim type selector
16   includes a selection menu continuing a plurality of different claim types for selection
17   by a user of said user interface.
18 3.   The submission system according to claim 2, wherein the claim types are selected
19   from the group comprising HCSA, health, dental, hearing, vision, property loss, and
20   drug.
21 4.   The submission system according to claim 2 further including an information form
22   having a list of data required to complete the claim form set, the content of the list
23   related to the claim type selected.
24 5.   The submission system according to claim 4 further comprising an interactive link
25   located on said information form for providing completion assistance to the user.
26 6.   The submission system according to claim 2 further comprising a prepopulation
27   function for prepopulating corresponding ones or the data fields with information
28   from the predetermined claim data set, the information provided by the user for the
29   form set of a previously selected claim type.
30 7.   The submission system according to claim 6, wherein the prepopulation information
31   includes identification information of the user.

1   8.   The submission system according to claim 7, wherein the prepopulation information

2   is selected from the group comprising group policy, division number, user name,

3   spousal insurance plan number, user contact information, and dependent information.

4   9.   The submission system according to claim 7, wherein the identification information is

5   dynamically selected by the prepopulation function from a system database, the

6   selection according to a unique identifier provided by the user.

7   10.   The submission system according to claim 6 further comprising a service provider

8   database for providing provider information to said prepopulation function.

9   11.   The submission system according to claim 6 further comprising a product database for

10   providing product information to said prepopulation function.

11 12.   The submission system according to claim 2 further comprising an interactive

12   feedback function for providing the user with supplemental information to assist in

13   completion of corresponding data fields of the claim form set.

14 13.   The submission system according to claim 12, wherein the feedback function provides

15   an error indicator to said user interface for identifying incorrect or omitted data by

16   said user related to the data fields of the claim form set.

17 14.   The submission system according to claim 12, wherein the feedback function provides

18   benefits or plan information applicable to the user.

19 15.   The submission system according to claim 2, further comprising a submission

20   function for coordinating the submission of a plurality of the data files to said

21   network.

22 16.   The submission system according to claim 15, wherein said submission function

23   provides a submission selector to create the data file corresponding to the completed

24   claim form set of the selected claim type.

25 17.   The submission system according to claim 16, wherein the submission selector is

26   provided for each claim type chosen by said user to create the corresponding set of

27   multiple digital claim data files.

28 18.   The submission system according to claim 17, wherein said submission function

29   further comprises a file summary provided to the user by said user interface prior to

30   submission of the set of multiple digital claim data files to said network.

31 19.   The submission system according to claim 17, wherein the set is submitted as a series

32   of separate data files.

1 20. The submission system according to claim 17, wherein the set is submitted as a
2   combined data file.

3 21. The submission system according to claim 17, wherein the data files are related to a
4   same insured incident involving different claim types.

5 22. The submission system according to claim 17, wherein the data files are related to a
6   same insured incident involving the same claim types.

7 23. The submission system according to claim 17, wherein the data files are related to
8   different insured incidents involving different claim types.

9 24. The submission system according to claim 17, wherein the data files are related to
10   different insured incidents involving the same claim types.

11 25. The submission system according to claim 2 further comprising an adaptive function
12   for customizing the presentation of the data fields to the user interface in relation to
13   previously supplied claim information of the claim data set.

14 26. The submission system according to claim 25, wherein the content of the digital claim
15   form set is modified by the adaptive function.

16 27. The submission system according to claim 2, wherein the digital device is selected
17   from the group comprising a cell phone, personal computer, and PDA.

18 28. The submission system according to claim 2, wherein the predetermined claim data
19   set includes electronic pictorial data.

20 29. An interactive method for providing multiple digital claim data files to a network for
21   adjudication, the method comprising the steps of:

22   a)   selecting each claim type from a plurality of different claim types;
23   b)   presenting a digital claim form set including a number of data fields
24   related to each claim type selection through a user interface;
25   c)   providing a predetermined claim data set to be received by the data
26   fields for generating the data file corresponding to each of the claim
27   types selected; and
28   d)   coordinating the selection of each of the generated files for submission
29   to said network;
30   wherein the entry of the predetermined claim data set is monitored for completing the
31   claim form set for each one of the selected claim types.

1 30. The interactive method according to claim 29 further comprising the step of providing
2   a selection menu having the plurality of different claim types through the user
3   interface.
4 31. The interactive method according to claim 29 further comprising the step of providing
5   an information form having a list of data required to complete the claim form set, the
6   content of the list related to the claim type selected.
7 32. The interactive method according to claim 31 further comprising the step of
8   interactively linking completion assistance information for the form set through the
9   information form.
10 33. The interactive method according to claim 29 further comprising the step of
11   prepopulating corresponding ones of the data fields with information from the
12   predetermined claim data set provided by the user for the form set of a previously
13   selected claim type.
14 34. The interactive method according to claim 33, wherein the prepopulation information
15   includes identification information related to the user.
16 35. The interactive method according to claim 34, wherein the prepopulation information
17   is selected from the group comprising group policy, division number, user name,
18   spousal insurance plan number, user contact information, and dependent information.
19 36. The interactive method according to claim 34, wherein the identification information
20   is dynamically selected by the prepopulation function from a system database, the
21   selection according to a unique identifier provided by the user.
22 37. The interactive method according to claim 33 further comprising the step of
23   providing provider information from a service provider database for the prepopulation
24   of the data fields.
25 38. The interactive method according to claim 33 further comprising the step of providing
26   product information from a product database for the prepopulation of the data fields.
27 39. The interactive method according to claim 30 further comprising the step of assisting
28   the completion of the data fields by providing corresponding supplemental
29   information to the user in an interactive manner.
30 40. The interactive method according to claim 39, wherein the supplemental information
31   includes an error indicator for identifying incorrect or emitted data by said user
32   related to the data fields of the claim form set.

1   41.   The interactive method according to claim 39, wherein the supplemental information

2   includes benefits or plan information applicable to the user.

3   42.   The interactive method according to claim 39, wherein the supplemental information

4   includes estimate information for providing cost estimates of insurable incidents.

5   43.   The interactive method according to claim 30 further comprising the step of

6   coordinating the submission of a plurality of the data files to said network in a

7   predetermined manner.

8   44.   The interactive method according to claim 43 further comprising the step of creating

9   the data files corresponding to the completed claim form set of the selected claim type

10   in response to a submission selection option.

11   45.   The interactive method according to claim 44, wherein the submission selection is

12   provided for each claim type chosen by said user to create the corresponding set of

13   multiple digital claim data files.

14   46.   The interactive method according to claim 45 further comprising the step of providing

15   a file summary to the user prior to the submission selection of the set of multiple

16   digital claim data files to said network.

17   47.   The interactive method according to claim 45, wherein the set is submitted as a series

18   of separate data files.

19   48.   The interactive method according to claim 45, wherein the set is submitted as a

20   combined data file.

21   49.   The interactive method according to claim 45, wherein the data files are related to a

22   same insured incident involving different claim types.

23   50.   The interactive method according to claim 45, wherein the data files are related to a

24   same insured incident involving the same claim types.

25   51.   The interactive method according to claim 45, wherein the data files are related to

26   different insured incidents involving different claim types.

27   52.   The interactive method according to claim 45, wherein the data files are related to

28   different insured incidents involving the same claim types.

29   53.   The interactive method according to claim 30 further comprising the step of

30   customizing the presentation of the data fields to the user in an adaptive manner in

31   response to previously supplied claim information of the claim data set.

1 54. The interactive method according to claim 53, wherein the content of the digital claim

2   form set is modified adaptively and subsequently presented to the ever interface in the

3   modified format.

4 55. The interactive method according to claim 30, wherein the predetermined claim data

5   set comprises electronic pictorial data.

6 56. The interactive method according to claim 30 further comprising the step of

7   presenting a legal claim notice to the user notifying of the consequences of intentional

8   falsification of the claim data set entered in the data fields.

9 57. The interactive method according to claim 56, wherein acknowledgement of the legal

10   claim notice is required prior to generating the data files corresponding to each of the

11   claim types selected.

12 58. The interactive method according to claim 39, wherein the supplemental information

13   provides a maximum claim amount permitted by the adjudication of the digital claim

14   data files.

15 59. The interactive method according to claim 58 further comprising the step of directing

16   the user to complete a paper claim form in response to claim amounts exceeding the

17   maximum claim amount.

18 60. A computer program product for submitting multiple digital claim data files by a

19   digital device to a network, the product comprising:

20   a)   a computer readable medium;

21   b)   a user interface module stored on the computer readable medium for

22   coordinating the generation of the data files from a predetermined

23   claim data set, the user interface module operable by the digital device

24   connectable to said network;

25   c)   a digital claim form module coupled to said user interface module for

26   presenting a digital claim form set by said user interface module, the

27   form set including a number of data fields for receiving the data set;

28   and

29   d)   a claim type selector module for selecting the data files to coordinate

30   the submission of said data files to said network;

31   wherein said user interface module monitors the entry of said data set in an interactive

32   manner for completing the form set for each one of the selected data files.
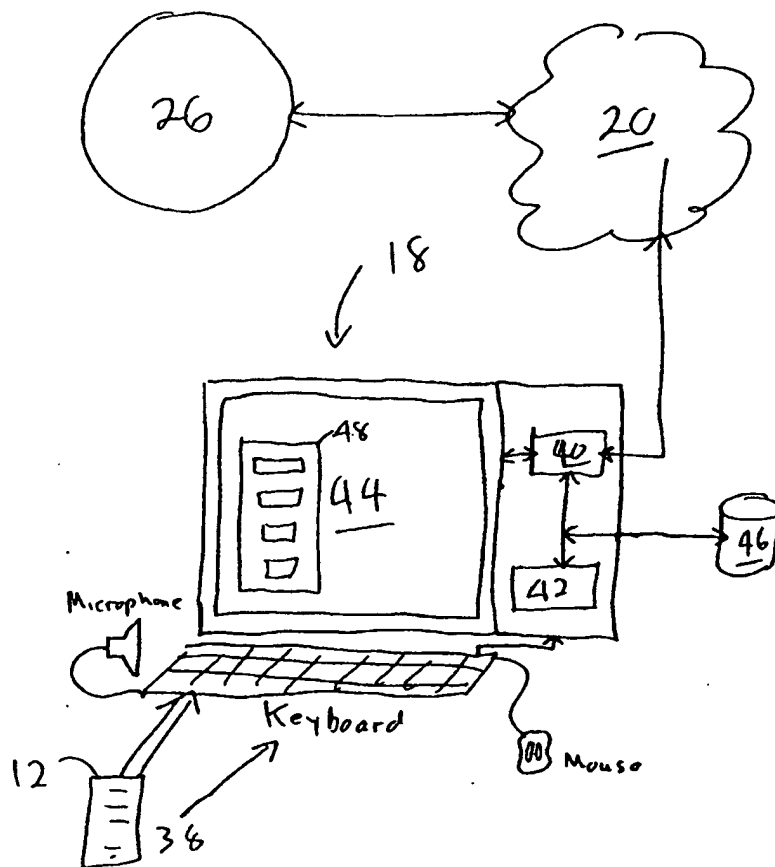
33

Fig. 1

26

20

18

48

44

40

46

42

Microphone

Keyboard

12

38

Mouse
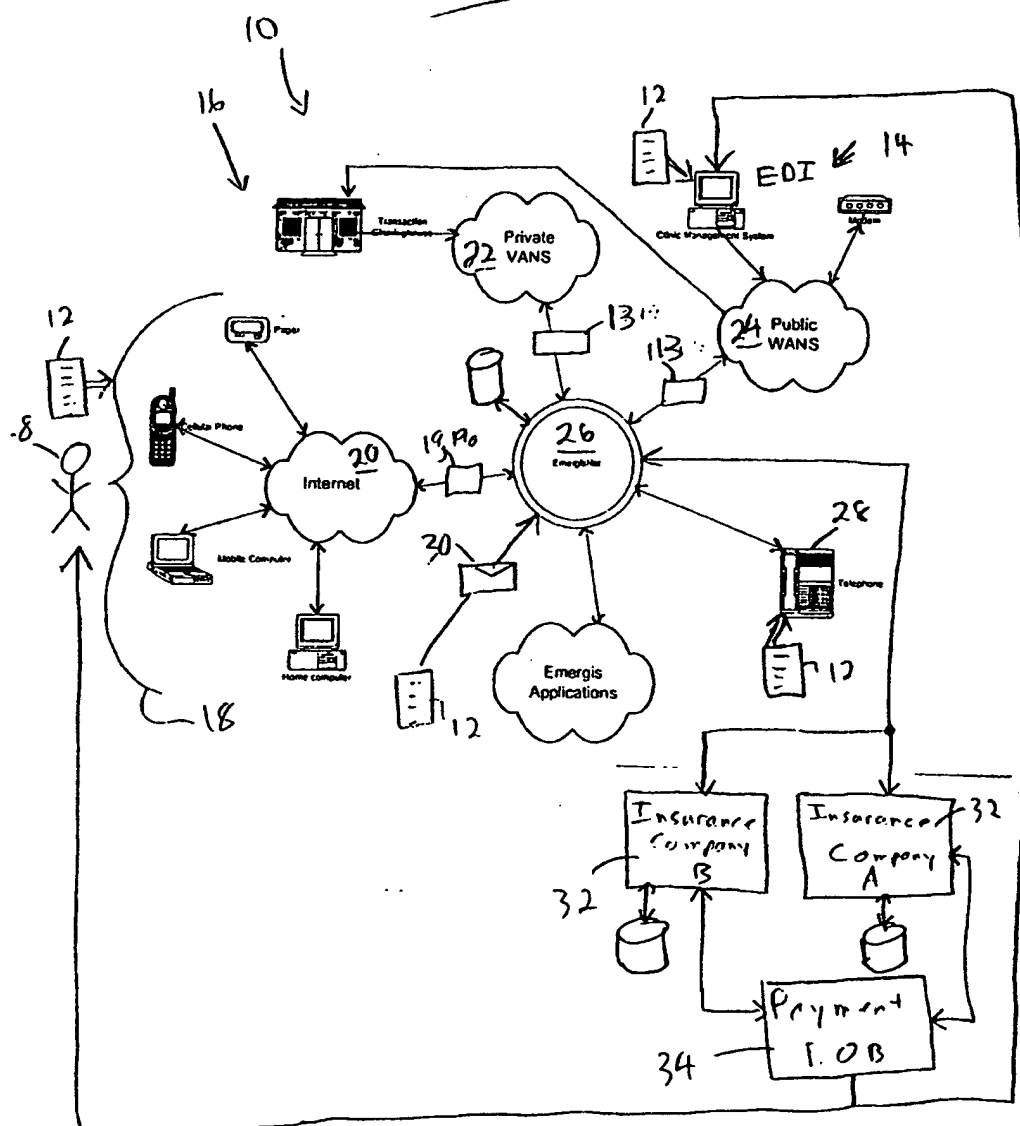
Fig 2

44

Welcome
Welcome
to Clarica Customer Access™

You can use Customer Access™ to view your Investment and Insurance portfolio at time.

Access your portfolio of group health and dental coverage, Including claim forms and Inquiry.	Check the address we have on file for you, set up an alternate ID or change your Clarica password.	Want to know more a Customer Access™? frequently asked que. check out what's new

Logon

ID [   ] ⟶ 50

PASSWORD [   ] ⟶ 52

[OK]

Fig. 3

_44_

{ CLARICA˙

(Stock price: CLI $42.75 (+0.60))   (Daily fund prices)

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{ Home) (Customer Access) (Portfolio) (Health and Dental) (Forms)

Submit an Insurance Form

For most   claims, you can choose to: _54_

     ∂ print a _____ claim form and mail it to us, or
     ∂ submit online.   _56_

Some claims require original documentation, and must be mailed. Please help us determine
if you can use an online form by answering the following questions:

Have you   any x-rays or documentation   [⊂ Yes ⊂ No]   _58_
(letters, pictures, models, lab invoice or notes on the
claim form) to include with your form?

Do your   expenses total more than $1,000 for one   [⊂ Yes ⊂ No]   _60_
patient?

Where were these services performed?   [--Select-- ▼]
                                                    _62_

◄◄ Previous   **Next ►►**

Fig. 4

44

64

Online claims legal notice

By submitting this claim under your secured password, you, the member, agree that the information you give is true, correct and complete.

The consequences for intentional falsification, misrepresentation or omission of information on or relating to this claim will include some or all of the following:

1. Full repayment of the claim
2. No future access to online claims submission
3. Legal proceedings
4. Termination of employment by your plan sponsor.

You may be audited at any time. Please keep all receipts/paper proof of your claim for 24 months from today.

I don't agree   I agree

Fig. 5

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(Home) (Customer Access) (Portfolio) (Health and Dental) Forms

Claim Forms ―81

84.

Nortel Networks Limited 2 ―80

Policy/Plan: 90002-A
Member ID: 000030131 ―86

Dental ―66   Coverage was cancelled **January 1, 1999**, but you may
                    still submit expenses for services if you are still within your
                    grace period.
Use this claim form to submit expenses incurred from a visit to any Dentist.
Health ―68   Coverage is Active
Use this claim form to submit expenses incurred from visiting a Health practitioner or
purchasing medical supplies.
Hearing ― 70   Coverage is Active ―76

Vision ―77   Coverage is Active   78.   82

Property Loss ―74   Coverage is Inactive   Contact us

Nortel Networks Ltd   Policy/Plan: 90002-AQ1
                                                    Member ID: 000030131

Dental   Coverage is Active   86
64 Use this claim form to submit expenses incurred from a visit to any Dentist.
Health   Coverage is Active
Use this claim form to submit expenses incurred from visiting a Health practitioner or
purchasing medical supplies.
Hearing   Coverage is Active

Vision   Coverage is Active
TRW Vision ―75
―Drug―

Fig. 6

_44_

Submit a Dental Form _88a_

Before you start

_90_

In order for us to process a claim or an estimate, you **must** have a claim <u>form or receipt</u>
completed by an approved dentist or dental provider, including: _90_

_90_   • <u>a provider or unique number</u> _90_   _90_
     • a <u>procedure code</u> or <u>service description</u> _90_
     • an office verification (a rubber stamp or your dentist's signature)

Please help us direct you to the right form. Are you submitting:

   ◦ A claim for expenses
   ◦ An estimate for services not yet performed   _94_

[Next ▶▶]   _106_

Fig. 7(a)

_44_

Submit a Health Form _88b_

Please help us direct you to the right form. Are you submitting:

_90_
   ⦿ A claim for drugs or drug related expenses only
   ◦ A claim that includes expenses other than drug

[Next ▶▶]

Fig. 7(b)

_44_

Submit a Drug Form — _88c_

Before you start

In order for us to process a drug or drug related claim, you **must** have a receipt completed by an approved pharmacist, including: _90_

 - a pharmacy name and phone number
_90_ - a prescriber (doctor, dentist, etc.) name and phone number, and
 - a DIN (drug identification number)
_90_

If a DIN is not indicated on the receipt, you may still submit a claim for certain medical supplies.

For most drug claims, you have the choice to:

 - print a claim form and mail it to us, or
 - submit online.

Some drug claims require original documentation, and must be mailed. Please help us determine if you can use an online form by answering the following questions:

Where did you purchase these expenses?	Canada ▾
In what currency did you pay for these expenses?	Canadian Dollars ▾
Will all dollar amounts you enter be in the same currency?	○ Yes ◉ No
Do you have any expenses that are greater than $500?	○ Yes ◉ No _96_
Do you have a statement from another insurance company (is this claim for a second part of co-ordination of benefits) OR are you claiming the portion not covered by your PDD plan?	○ Yes ◉ No _98_

◀◀ Previous   Next ▶▶

Fig. 7(c)

_44_

Submit a Health Care Spending Account Form — _88d_

Before you start

In order for us to process your claim, you **must** have the following:

- a signed claim form or valid receipt for each expense
- if you are claiming the balance from a previously assessed claim, you will need a statement from the insurance company
- the professional designation of the service provider for any health or dental claims
  _40_

You may submit expenses for yourself and for those people who are eligible dependents under terms of the Income Tax Act (Canada). ❷

_40_
These health care spending account expenses can be submitted using online claims.

For all other expenses, you'll need to print a form and mail it to us.

Some expenses require original documentation, and must be mailed. Please help us determine if you can use an online form by answering the following questions:

Did you already request that any unpaid portion of these   ⦿ Yes ◌ No
expenses be submitted to your health care spending
account ?

Where were these services performed? | Canada   ⬇ |

| Next ▶▶ |

Fig. 7(d)

DIN	FULLNAME	FORM	ROUTE	CLASS	OIHTYPE	SHORTTYPE	PRICE_CATEGO
02016595	PROZAC 10MG CAPSULE	CAP	ORL	281604	P	P	P
01917021	PROZAC 20MG/5ML SOLUTION	LIQ	ORL	281604	P	P	P
00636622	PROZAC 20MG CAPSULE	CAP	ORL	281604	P	P	P
02155434	STCC-FLUOXETINE 20MG CAPSULE	TAB	ORL	281604	P	P	P
02177817	DOM-FLUOXETINE 10MG CAPSULE	CAP	ORL	281604	P	P	P
02177809	DOM-FLUOXETINE 20MG/5ML SOLUTION	LIQ	ORL	281604	P	P	P
02177879	PMS-FLUOXETINE 10MG CAPSULE	CAP	ORL	281604	P	P	P
02177887	PMS-FLUOXETINE 20MG CAPSULE	CAP	ORL	281604	P	P	P
02177895	PMS-FLUOXETINE 20MG/5ML LIQ	LIQ	ORL	281604	P	P	P
02218333	APO-FLUOXETINE 10MG CAPSULE	CAP	ORL	281604	P	P	P
02192784	NU-FLUOXETINE 20MG CAPSULE	CAP	ORL	281604	P	P	P
02223491	FLUOXETINE 10MG CAPSULE	SYR	ORL	281604	P	P	P
02228174	FLUOXETINE 20MG/5ML SYRUP	CAP	ORL	281604	P	P	P
02216381	APO-FLUOXETINE 20MG CAPSULE	CAP	ORL	281604	P	P	P
02192759	NU-FLUOXETINE 10MG CAPSULE	TAB	ORL	281604	P	P	P
02155426	STCC-FLUOXETINE 10MG CAPSULE	CAP	ORL	281604	P	P	P
02177825	DOM-FLUOXETINE 20MG CAPSULE						

44

92

Fig. 8

Fig. 9

_44_

_108_

Welcome to online dental claims

Your online claim form consists of **three sections**. We'll ask for:

- information about you and your benefits plan,
- details about your dentist, and
- details of the expenses you're claiming.

Depending on the number of expenses you have, it should take about 5 to 10 minutes to complete a form.

We'll show you a confirmation of what you've entered before you submit it, so you can make changes if necessary. If you'd like a record of your online claim, you can print the confirmation page and file it with your receipts.

If you don't have all the required information, you can exit the online form at any time by clicking **Cancel**. None of the information you entered will be saved or transmitted for claims processing.

[Cancel]   [OK, let's get started! ▶▶]

Fig. 10

_44

Section 1: You and your benefits plan ⟋ 110
Nortel Networks Limited 2

Policy/Plan: 90002-A   Member ID: 000030131 ⟵ 86

Required fields are marked with ■

We may have questions about your claim. Please provide a contact phone number where we can reach you during Clarica business hours:

Phone Number:　■　| 456-798-4654 |　Ext.:　| |
(555-555-1234)

Is this unlisted?　■　⊙ Yes　⊙ No

The following address has been supplied by Nortel Networks Limited 2 for the purpose of mailing your claim statements.

> You may update it here for this claim, but your company provides this information to us on a regular basis, and it will return to this address the next time we receive information from Nortel Networks Limited 2. If this address is not up to date then we suggest that you contact the person who administers your plan to have it updated.

　　　　　　　　　　　　　　　　　　　　　　　　　　　　　⟋ 112

Country:　■　| Canada ☑ |
Street Address:　■　| 3031 RUE DES CHATELETS APP | ⟸
　　　　　　　　　　| |
City or town:　■　| STE FOY |
Province:　■　| Quebec　　☑ |
Postal Code:　■　| G1V 3Y8 |

　　　　　　　◄◄ Previous　　Cancel　　Next ►►

Fig. 11

Fig. 12   44

Section 2: Your dentist/dental provider — 114

Who provided the services you're claiming? | Enter some other Dentist ☒ | Please confirm the
information about your dentist/dental provider: └─116

OR

Please provide the following information about your dentist/dental provider:

First Name :■ | xfgnjg |

Last Name :■ | hgh |

Street Address :■ | fgjhg |
| |

City or Town :■ | ghgh |

120 —

Province :■ | Alberta ☑ |
Postal Code :■ | Q2W3E4 |

Country :■ | fghgf |

Phone Number :■ | 123-456-4569 | — 118

Provider/Unique Number :■ | 45345 | ❷

Did your dentist write "DO NOT ASSIGN" or "PLEASE PAY SUBSRIBER" in the
upper right hand corner of your claim form. ❷

| ○ Yes ◉ No | — 121

Should payment for these expenses go directly to your dentist

| ❷ ○ Yes ◉ No | — 122

| Cancel | Next ▶▶ |

Section 3 : Please tell us about your dental expenses

- You may submit upto 7 procedures per claim. If you have more than 7, you'll have to submit them on separate claims. ⟋12-6
- In the table below, you can click on the blue text for more information, and ❷ for help.
- Items marked ■ are required fields. ⟋60
- You may submit a maximum of $1000 of expenses per patient on this claim.

⟋124

Who is this claim for? |Marie May 26 1924 🗹 ❷ ⟋126

Please note : You must enter a dentist's fee and/or a laboratory charge; please enter both if you have them.

Please fill in all the information from the claim form.

Date of service ■ (dd/mm/yyyy)	Procedure code ■ (eg. 11112)	Intl. tooth code ■ ❷⟋126	Tooth surfaces ■ ❷⟋124	Dentist's fee	Laboratory fee
12/12/2000	93331 ❷⟋12-6	23	M	$ 12.00	$ 21.00
	❷⟋126			$ 0.00	$ 0.00
	❷⟋126			$ 0.00	$ 0.00
			Total :	$ 12.00	$ 21.00

Are any of these expenses for orthodontic services?   ⊂ Yes ⦿ No

Were any of these services completed as part of a crown, bridge   ⊂ Yes ⦿ No
or denture (initial placement or replacement) ?

Are any of these expenses caused by an accident ?   ⦿ Yes ⊂ No

Does this patient have coverage under another private or   ⦿ Yes ⊂ No ⟋12ᵃ
public insurance plan for these expenses ?

Do you have a statement from another insurance company (is this   ⊂ Yes ⦿ No ⟋130
claim for second part of co-ordination of benefits)

◀◀ Previous   Cancel   Next ▶▶

Fig. 13(a)

15/35

⊼44

44

128

Fig. 13(b)

Fig. 13 (e)

_44_

Please provide details of your crown, bridge or denture expense

Has the work on this crown, bridge or denture been completed (has the crown, bridge or denture been inserted)? ■ ⌒ Yes ⌒ No ❷

Is this the initial placement of your crown, bridge or denture ? ■ ⌒ Yes ⌒ No ❷

If this is not an initial placement, when was it last placed or replaced? ■

| | (dd/mm/yyyy)

Please provide details of your crown, bridge or denture and reasons for their replacement.■

| |

| ◄◄ Previous | Cancel | Next ►► |

Fig. 14

_44_

Please provide details of your coordination of benefits

_40_
What is the name of the other insurance _90_
company/carrier? ■ | yuyuyu |

_90_
Is the other plan a travel insurance plan? ■   ⊂ Yes ⦿ No _91_
_40_
Is the other plan a student insurance plan? ■   ⊂ Yes ⦿ No

What is the name of the member under the other | uyfjhjhfjhfjhgjhgjhgjhjhgjh |
plan? ■

What is their date of birth? (dd/mm/yyyy) ■   _134_ | 12/01/1958 |

What is their policy number with the other plan? ■ | 123544645644456456456 |

_40_
What is their member number (certificate or | 1212321321321321213 |
employee number) of the other plan? ■

_90_
If their benefits have terminated under that plan, | 12/1/1999 |
what was the termination date (dd/mm/yyyy)

[◄◄ Previous]   [Cancel]   [Next ►►]

Fig.15(a)

-44

Fig. 15(b)

_44_

_127_

Fig. 15(c)

136   44

Confirm your claim information

Okay, you're almost done!

Please :
- check that what you have entered is correct,
- make any changes if necessary, and
- print this page if you want a copy for your records.

When you're ready, press submit at the bottom of the page.   140

Patient /Expenses for : Wilfrid Dutil   [Make changes]

Date of service	Procedure code	Intl. tooth code	Tooth surfaces	Dentist's fee	Laboratory fee	Total charge
11 Jan 2001	11112	00	ML	$349.00	$0.00	$349.00
			Total :	$349.00	$0.00	$349.00

Remember that you need to keep your receipts/forms for 24 months from today in case you are audited.

If you want to print a copy of this claim, please print it now!   [Print Page]   142

By clicking "Submit", you agree to the following:

You agree that submission of this claim constitutes your electronic signature which is as valid as a written signature.

You authorize Clarica to collect personal information about you or your dependent(s) as is required to administer your claim(s). Clarica may collect this information from the people or organizations that have it including: health care providers, insurance companies, and health information custodians. You also authorize Clarica, for the purpose of assessing, administering or auditing your claim(s), to use this information within Clarica and its subsidiaries and to disclose this information as required to Clarica's agents, to health care providers, insurance companies, investigative bodies or your plan sponsor (group policyholder).

You declare that you are the agent of any dependent you have submitted a claim for, and direct Clarica to disclose to you any personal information related to your dependent's claim.

[◄◄ Previous]   [Cancel]   [Submit]   144

Fig. 16

44

Submit a Dental claim - Thank you — 146

Your online claim has been submitted for processing.

Please keep your receipts for 24 months. We suggest attaching them to your copy of the confirmation page, if you printed it.

Unless we contact you for further information, there is nothing else you have to do.

You can check the status of this claim through Claim Inquiry within 2 business days.

What would you like to do next?

Submit another Dental claim — 148

Submit a different kind of claim — 150

152

Submit All

Return to Customer Access Home

Fig. 17

/44

Welcome to online drug claims — 108a

Your online claim form consists of **three sections**. We'll ask for:

- Information about you and your benefits plan,
- details of the expenses you're submitting, and
- details about your pharmacy and the person who prescribed the expense.

Depending on the number of expenses you have, it should take about 5 to 10 minutes to complete a form.

We'll show you a confirmation of what you've entered before you submit it, so you can make changes if necessary. If you'd like a record of your online form, you can print the confirmation page and file it with the receipts from your pharmacy.

If you don't have all the <u>required information</u>, you can exit the online form at any time by clicking **Cancel**. None of the information you entered will be saved or transmitted for claims processing.

Cancel   OK, let's get started! ▶▶

Fig. 18

_44

Section 1: You and your benefits plan ⌐ 110a
Nortel Networks Limited 2

Policy/Plan: 90002-A   Member ID: 000030131 ⭠— 86

Required fields are marked with

We may have questions about your claim. Please provide a contact phone number where we can reach you during <u>Clarica business hours</u>:

Phone Number: ▪ | 456-798-4654 | Ext.: | |
(555-555-1234)

Is this unlisted?   ▪   ⦿ Yes ◯ No

This is the address information we last used to mail your statement. If it has changed, please update it here. It will be retained for your next claim submission, but will not update the personal information we have for you in Customer Access. If you want to update Customer Access, after you submit your claim, return to the Customer Access home page and select Personal Information.

Country: ▪ | Canada ▤ |

Street Address: ▪ | 3031 RUE DES CHATELETS APP |

| | 112

City or town: ▪ | STE FOY |

Province: ▪ | Quebec   ▤ |

Postal Code: ▪ | G1V 3Y8 |

◀◀ Previous   **Cancel**   **Next ▶▶**

Fig. 19

~44

Section 2: Please tell us about your drug claim /60

- You may submit a maximum of $500 per expense on this claim.

156 { - You can click on the underlined text and   for more information.
                                                              ~90
        - Items marked ✷ are required fields.
                        ~158

Which patient are these expenses for?   ✷ Mackenzie Feb 08 1994 ▦

Which province were these expenses purchased in?   Nova Scotia   ▦

Is this patient enrolled in RAMQ?   ○ Yes ◉ No

Is this expense a mixture or compound?   ○ Yes ◉ No

Does your receipt for this expense have a DIN?   ◉ Yes ○ No
                                                                              ~159
Is this a medical supply (no DIN, no mixture)?   ○ Yes ◉ No

                    [Cancel]   [Next ▶▶]

Fig. 20

44

160

What is the DIN number for this expense? 161 ✳ 655

168

What is the orescription or RX number on your receipt? 6465

162

How is your medication measured (Quantity) 20

14

In what form was your medication dispensed to you (Dose) Tablets

◀◀ Previous   Cancel   Next ▶▶

Fig. 21(a)

_44_

_128_

Clarica Customer Access - Portfolio - Microsoft Internet Explorer

help - Microsoft Internet Explorer

- A prescription or RX number is assigned to each prescription. It may contain up to 10 digits (either alphabetic or numeric) and will appear on your receipt. This is not the same as a DIN (drug identification number).
- Quantity is the number of eg. capsules that you purchased in your prescription. For example, 100 capsules, or an inhaler with 200 doses.
- Dose indicates how your medication is measured eg. capsules, tablets, mL.

...top

D3A85-2900-11D5-8CCD

| Daily fund prices |
- Buy online
- Tools
- Customize

vestor Relations | C

Frequently Asked Questions

- **The DIN number I entered and the drug name you are showing me do not matching or the message says it is invalid. What should I do?**
- **How is my mediaction measured?**

Is _ISOPTO CARBACHOL 1.5% DROPS_, the name of the drug you are claiming?   If not, please check and re-enter the DIN number.   _169_

If it is still not correct, please cancel and submit a paper _Health Claim Form_.

_170_

What is the prescription or RX number on your receipt? ∎ ❷   [455   ]

How is your medication measured (Quantity) ∎ ❷   [50   ]

In what form was your medication dispensed to you (Dose) ∎ ❷   [mL   ]   _166_

[◀◀ Previous]   [Cancel]   [Next ▶▶]

Fig. 21(b)

44   128

have a receipt for an "item" (for example, a medical supply like insulin needles), or a "mixture". If the DIN you entered is not matching the drug name, and if the expense is not an item or mixture, please submit your expenses on a paper claim with the original receipt attached.

...top

How is my mediaction measured?

Quantity is the number of eg. capsules that you purchased in your prescription. Dose is how your medication is measured eg. capsules, tablets, ml.

...top

Close

Is *ISOPTO CARBACHOL 1.5% DROPS* the name of the drug you are claiming? If not, please check and re-enter the DIN number.

If it is still not correct, please cancel and submit a paper Health Claim Form.

What is the prescription or RX number on your receipt? ■ ❓   `455`

How is your medication measured (Quantity) ■ ❓   `50`

In what form was your medication dispensed to you (Dose) ■ ❓   `mL`

◄◄ Previous   **Cancel**   **Next ►►**

Fig 21 (c)

/44

What is the DIN number for this expense? `655`

Is *ISOPTO CARBACHOL 1.5% DROPS* the name
of the drug you are claiming? If not, please
check and re-enter the DIN number.
If it is still not correct, please cancel and submit
a paper Health Claim Form.

What is the prescription or RX number on your `6465`
receipt?

How is your medication measured (Quantity) `20`

In what form was your medication dispensed to `Tablets ▣`
you (Dose)

When did you purchase this expense?   dd/mm/yyyy `12/01/2001`

What is the Item or ingredient cost? $ `45.00`

How much was the dispensing fee? $ `6.00`

What was the total amount of this expense? $ `51.00`

Did your province pay a portion of this expense? Yes ◌ No ◉

What amount was paid by the province? $ `N/A`

How much did you pay for this expense? $ `N/A`

[◀◀ Previous]   [Cancel]   [Next ▶▶]

Fig. 22

44

Which pharmacy dispensed this drug expense (eg. Shoppers Drug Mart, Wal-Mart)?

_____ 172

Please enter the following information about the pharmacy that dispense the drug or drug supply:

Street Address: [_____]

[_____]

City or town: [_____] } 174

Province: [Select ▾]

Postal Code: [_____] (A1A-1A1)

Country: [_____]

Phone Number: [_____] xxx-xxx-xxxx

Who prescribed this drug expense? (your doctor's or dentist's name)

[_____]

What is their phone number? [_____] xxx-xxx-xxxx

Would you like to add another drug claim for this patient

[◀◀ Previous] [Cancel] [Next ▶▶]   176 — Yes ⊙ No

Fig. 23

~44

Okay, you're almost done!

Please:

- check that what you've entered is correct,

- make any changes if necessary, and

- print this page if you want a copy for your records.

When you're ready, press **Submit** at the bottom of the page.

Expenses for : Scott   [Make changes]   ~ 140

Date of service	Expense	Amount you Paid	Total charge	Quantity
Jan 12 2001	655	$ 51.00	$ 51.00	50 mL

If your drug plan does not cover 100% of these expenses, would you   ○ Yes ○ No
like to submit the unpaid portion to your Health Care Spending Account

142

If you want to print a copy of this claim, please print it now!   [button]

By clicking "Submit, you agree to the following:

You agree that submission of this claim constitutes your electronic signature which is as vali
as a written signature.

You authorize Clarica to collect personal information about you or your dependent(s) as is
required to administer your claim(s). Clarica may collect this information from the people or
organizations that have it including: health care providers, insurance companies, and health
information custodians. You also authorize Clarica, for the purpose of assessing, administeri
or auditing your claim(s), to use this information within Clarica and its subsidiaries and to
disclose this information as required to Clarica's agents, to health care providers, insurance
companies, investigative bodies or your plan sponsor (group policyholder).

You declare that you are the agent of any dependent you have submitted a claim for, and
direct Clarica to disclose to you any personal information related to your dependent's claim.

[Previous] [Cancel] [Submit] ~ 144

Fig. 24

44

Submit a Drug claim - Thank you — 146G

Your online claim has been submitted for processing.

Please keep your receipts for 24 months. We suggest attaching them your copy of the confirmation page, if you printed it.

Unless we contact you for further information, there is nothing else you have to do.

You can check the status of this claim through Claim Inquiry within 2 business days.

What would you like to do next?

152

Submit another Drug claim — 149

Submit AII

Submit another kind of claim — 150

Return to Customer Access Home

Fig. 25

Fig. 26

Fig. 27